MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10685367 | FILING DATE

APPLICANT(S)

11 3101 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.			2			
TOTAL DEP.			1			
TOTAL CLAIMS			3			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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